# SUMTER COUNTY BOARD OF COMMISSIONERS EXECUTIVE SUMMARY

| SUBJECT:<br>REQUESTED                        | Health Plan premium equivalents  ACTION: Staff recommend                 |                                   |          |
|--|--|-----------------------------------|----------|
|  | <ul><li>☐ Work Session (Report Only)</li><li>☒ Regular Meeting</li></ul> | DATE OF MEETING:  Special Meeting | 6/8/2010 |
| CONTRACT:                                    | □ N/A  | Vendor/Entity:                    |          |
|  | Effective Date:  | Termination Date:                 |          |
|  | Managing Division / Dept:  |                                   |          |
| BUDGET IMP<br>⊠ Annual<br>□ Capital<br>□ N/A |  | ,954 Sumter County Budge<br>T:    | t        |
|  | f the budget recommendation by the CC is requested to finalize by vote   |                                   |          |

In summary the change recommended is:

- A. Increase the employee premium from \$10.00 per month to \$20.00 per month
- B. Increase the dependant coverage as follows:
  - a. Child(ren) from \$122 to \$140 per month
  - b. Spouse from \$204 to \$235 per month
  - c. Family from \$255 to \$294 per month
- C. Elimination of employer funding long-term disability coverage

The Board of County Commissioners provides a consolidated "self-insured" Health Plan for employees of the Board, Clerk of Circuit Court, Property Appraiser, Sheriff, Sheriff, Supervisor of Elections, Tax Collector and Lake-Sumter EMS.

Each year, premium equivalents are set to coincide with preparation of the budget for the ensuing fiscal year. An actuarial firm is engaged to assist in determining the proper premium equivalents to soundly fund the Health Plan. Even though our average monthly claims has decreased, future claims projections will be impacted negatively by recent legislation including mental health parity, removal of lifetime limits, coverage of dependants to age 26 and removal of pre-existing clauses. The Administrative Services Only fee with BlueCross BlueShield has been reduced significantly as a result of going through the proposal process.

Milliman was recently awarded our actuary contract and has prepared their first "mid-year" report that is still in draft form but is anticipated to be completed before the BOCC meeting of June 8, 2010. At the time of writing this document, it appears that the premium equivalent projected previously may be inadequate to provide the desired reserve requirements. Staff is still in discussion with the actuary

relating to the Florida reserve requirements in order to reduce the employer's portion increase.

## Employee

\$741 (Employer's portion increased from \$671.50) (\$69.50 increase)

\$ 20 (Employee's portion increased from \$10.00) (\$10.00 increase)

\$761 Total Monthly Premium

The dependent coverage premium increase below of 15% still meets the goal of presented in the past to the BOCC to have the dependent coverage carry more of its appropriate share of the claim costs.

# Child(ren)

\$140 (increased from \$122.00)

### Spouse

\$235 (increased from \$204.00)

#### Family

\$294 (increased from \$255.00)

The funding model illustrated above will provide for health coverage under the current plan (BlueOptions 3559), dental insurance, life insurance in the amount of \$25,000, accidental death and dismemberment and short-term disability. The long-term disability currently provided would be offered as a voluntary benefit therefore the past employer 100% premium contribution would cease.

The primary limiting factor in this recommendation was the consideration of the impact on the lowest paid full time employee net take home pay which is shown in attachment A. The proposed legislation related to employee contribution for retirement coverage did not pass; therefore will not be an impact on employees this year. You will note the largest impact is to the pay range with dependents. The County Administrator's prior comments to the BOCC was to limit the impact to the referenced position to a 5% but not greater than 10% reduction in net take home pay. The proposed changes above without the consideration of any changes due to the compensation study or a raise is -6.89% (see attachment A).

#### EXHIBIT "A"

#### Impact of Benefit Changes on Take Home Pay

| Employee w/no dependent coverage with no pay rate change                          | Current Pay<br>Scenario | Variation<br>1             | Variation 3                 | Variation<br>4              | Variation 5                |
|---|-------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|
| Dept.   | Transit                 |                            |                             |                             |                            |
| Position  | Courier                 |                            |                             |                             |                            |
| Rate of Pay per hour  | 8.94                    |                            |                             |                             |                            |
| Annual Rate   | 18,666.72               |                            |                             |                             |                            |
| Gross per pay period ( 80 hrs)  | 715.20                  | 715.20                     | 715.20                      | 715.20                      | 715.20                     |
|   |                         |                            |                             |                             |                            |
| Payroll Deductions Per Pay Period   |                         |                            |                             |                             |                            |
| Federal Withholding (single & 1)  | (42.16)                 |                            |                             |                             |                            |
| FICA & Medicare   | (54.33)                 |                            |                             |                             |                            |
| Employee Health Portion   | (5.00)                  |                            |                             |                             |                            |
| Dependent Health Premium (Family Rate)  |                         |                            |                             |                             |                            |
| Retirement Contribution   | -                       |                            |                             |                             |                            |
| Short-term disability   |                         |                            |                             |                             |                            |
| Long-term disability  |                         |                            |                             |                             | L                          |
| Net Pay Per Pay Period  | 613.71                  | 613.71                     | 613.71                      | 613.71                      | 613.71                     |
|   |                         | 0.10                       | 010                         | 0.0                         | 0.0                        |
| Additional Impacts  |                         |                            |                             |                             |                            |
| Pay Increase  |                         | -                          | -                           | -                           | +                          |
| Increase in Employee Portion of Health<br>Premium to \$20 per month (\$10 per pay |                         |                            |                             | HALL H                      |                            |
| period)   |                         | (5.00)                     | (5.00)                      | (5.00)                      | (5.00)                     |
| Dependent Health Rate Realignment   |                         | (0.00)                     | (0.00)                      | (0.00)                      | (0.00)                     |
| Impact  |                         | n/a                        | n/a                         | n/a                         | n/a                        |
| FRS Contribution at 0%  |                         | -                          | -                           | -                           | -                          |
| Purchase of LT Disability Insurance   |                         | -                          | (#                          | (9.00)                      | (9.00)                     |
| Purchase of ST Disability Insurance   |                         | -                          | -                           |                             | (9.00)                     |
| New Net Pay w/add'l deductions  |                         | 608.71                     | 608.71                      | 599.71                      | 590.71                     |
| \$ Change in Take Home Pay  |                         | (5.00)                     | (5.00)                      | (14.00)                     | (23.00)                    |
| % Change in Take Home Pay   | o                       | -0.81%                     | -0.81%                      | -2.28%                      | -3.75%                     |
| Employee w/Family Coverage  | Current Pay<br>Scenario | Variation<br>1             | Variation 3                 | Variation 4                 | Variation<br>5             |
| Dept.   | Transit                 |                            |                             |                             |                            |
| Position  | Courier                 |                            |                             |                             |                            |
| Rate of Pay per hour  | 8.94                    |                            |                             |                             |                            |
| Annual Rate   | 18,666.72               |                            |                             |                             |                            |
| Gross per pay period ( 80 hrs)  | 715.20                  | 715.20                     | 715.20                      | 715.20                      | 715.20                     |
|   |                         |                            |                             |                             |                            |
| Payroll Deductions Per Pay Period   |                         |                            |                             |                             |                            |
| Federal Withholding (single & 1)  | (42.16)                 |                            |                             |                             |                            |
| FICA & Medicare<br>Employee Health Portion  | (54.33)<br>(5.00)       |                            |                             |                             |                            |
| Employee Fledium of them  | (0.00)                  |                            |                             |                             |                            |
| Dependent Health Premium (Family Rate)  | (127.50)                |                            |                             |                             |                            |
| Retirement Contribution   | (=                      |                            |                             |                             |                            |
| Short-term disability Long-term disability  |                         |                            |                             |                             |                            |
|   |                         |                            |                             |                             |                            |
| Net Pay Per Pay Period  | 486.21                  | 486.21                     | 486.21                      | 486.21                      | 486.21                     |
| Additional Impacts  |                         |                            |                             |                             |                            |
| Pay Increase  |                         | -                          | -                           | -                           |                            |
| Increase in Employee Portion of Health  |                         |                            |                             |                             |                            |
| Premium to \$20 per month   |                         | (5.00)                     | (5.00)                      | (5.00)                      | (5.00)                     |
| Dependent Health Rate Realignment Impact  |                         |                            | (19.50)                     | (19.50)                     | (19.50)                    |
| FRS Contribution at 0%  |                         | -                          | - (10.00)                   | (10.00)                     | - (10.00)                  |
| Purchase of LT Disability Insurance   |                         | -                          |                             | (9.00)                      | (9.00)                     |
|   |                         | 9                          | -                           |                             | (9.00)                     |
| Purchase of ST Disability Insurance   |                         |                            |                             |                             |                            |
| New Net Pay w/add'l deductions  |                         | 481.21                     | 461.71                      | 452.71                      | 443.71                     |
|   |                         | 481.21<br>(5.00)<br>-1.03% | 461.71<br>(24.50)<br>-5.04% | 452.71<br>(33.50)<br>-6.89% | 443.71<br>(42.50<br>-8.74% |

<sup>\*</sup> Disability insurance premiums are estiamted